

## HAWAII STATE ETHICS COMMISSION

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Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

STATE OF HAWAII STATE ETHICS COMMISSION

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PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Radcliffe	John	Henry	(808) 531-4551
MAILING ADDRESS (Street)			FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL hawaiilobbyist@aol.com
(City)	(State)		(Zip Code)
Honolulu	Hi		96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			o lobby) TELEPHONE
Capitol Consultants of H	lawaii, LLP.		(808) 531-4551
MAILING ADDRESS (Street)	<del></del>		FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL hawaiilobbyist@aol.com
(City)	(State)		(Zip Code)
Honolulu	HI		96813

PARTII ORGANIZATIOI			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Environmental Safety Alliance		TELEPHONE (916) 207-8950	
EMAIL ramfis6824@att.net			
(City)	(State)	(Zip Code)	
Sacramento	CA	95825	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Melody Butay Dacanay		(808) 531-4551	
MAILING ADDRESS (Street)		FAX (808) 533-4601	
222 South Vineyard Street, Suite 401		EMAIL mbutay@aol.com	
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	✓ Intergovemmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
PART IV CERTIFICATIO	N OF LOBBYIST					
I hereby certify that the	information furnished above	e is, to the best of my knowled	ige, correct and complete.			
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	(Signature of Lobby st)		(Date)			
PART V AUTHORIZATION	ON TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Robert M. Johnson	Executive Director					
NAME OF ORGANIZATION (if a	pplicable)	]	ELEPHONE			
Environmental Safety Alliance			916-207-8950			
MAILING ADDRESS (Street)			FAX (916) 482-2045			
3407 Arden Way, Suite C			EMAIL mfis6824@att.net			
(City)	(State)		(Zip Code)			
Sacramento	CA		95825			
I bereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
KIM M.	1/2		3/ <i>B</i>			
(Signature of Au	thorizing Officer or Person Repres	sented)	(Date)			